Coverage of Opioid Substitution Treatment in Austria

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Do you estimate an annual national OST coverage at the National Focal Point? **YES WE DO**

**preliminary results – not for publication**
If yes, what method do you use and what are the methodological problems and challenges in estimating this national OST coverage?

» The 2-sample capture-recapture estimate (CRC) of high risk opioid use is based on national opioid substitution treatment database (all clients in OST in a respective year) and all opioid related notifications by the police in the same year.

» For some years the 2-sample CRC is validated by 3-sample CRC including direct drug related death cases of the next years.

» OST-in-treatment rate is calculated very simple

\[ \text{Clients in treatment/prevalence of PDU} \times 100 \]

» **Main problem:** For CRC we take all clients in OST in a respective year regardless if they are “stable clients“ or not – this leads to violation of basic assumptions of CRC (a “stable client“ should have probability zero to appear in police notifications or DRD) We do not know how many “stable clients“ there are!
10% of all OST patients were notified by the police in 2013. The probability of a notification decreases with OST duration!
What are your thoughts on the EMCDDA proposal in terms of using all OST patients (including stable OST patients) when calculating the OST coverage?

» \( OST \text{ coverage}_t = \frac{\text{Patients in OST}_t}{\text{People in need of OST}_t} \)

» \( People \text{ in need of OST}_t = High\text{-risk Opioid Users}_t + \text{‘stable’ OST patients}_t \) if this later group is not already included in HROU

» This is exactly the way in Austria in–treatment (OST coverage) rate is calculated, so it is a good idea ;–)

» There is just one conceptional problem: Are patients in abstinence oriented treatment „in need of OST“?
Thank you for your attention